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ENLARGED AND TUBERCULOUS CONDITION OF THE LIVER.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Should you think the following case (which I have very hastily thrown together) of sufficient importance, you are at liberty to insert it in your valuable Journal.

CASE.—Mr. H. S., by occupation a farmer, of a strong, robust constitution, and who had formerly enjoyed good health, applied to me March 9th, 1840, for advice and medicine. He said that he had suffered from colic pains in the region of the umbilicus for some two months previous, attacking him during the night, obliging him to leave his bed and take the sitting posture, which seemed to relieve him; that he had taken various purgative medicines at different times, which afforded partial and temporary relief. His bowels were constipated; although the stools were manifestly marked with bile; his tongue inclined to be coated in the morning; appetite and digestion good; pulse natural; no tenderness or bloating, but rather a retraction of the bowels; his countenance pale and dejected; could labor with tolerable comfort through the day, but at night a paroxysm of pain would generally arouse him from sleep, and oblige him to take the sitting posture. No other symptoms of importance were noticed at the time before mentioned. Gave him the following pill, to be taken in doses sufficient to keep the bowels soluble. G. aloes, gr. i.; sub. mur. hydrarg., gr. i.; ipecac., gr. ss.; sapo. cast., grs. iij.; together with the following anodyne, to be taken on going to bed, and oftener if required. Opii, ipecac., camphor and sapo. āā e. p.—4 gr. pill. Dose, one. Fomentations to the bowels, with mucilage and a bland diet. This treatment afforded some relief, and was continued, with such alterations as the symptoms seemed to indicate, until the 23d of the month. At this time the pains being more severe, I ordered a large epispastic over the epigastriac and right hypochondriac regions; gave alterative doses of calomel, combined with ipecac. and opium, which afforded some alleviation of pain.

31st. Pain increased; pulse rather hard and quick, with sensation of stricture across the abdomen. Took ʒ xiv. blood, which, on standing, showed no appearances of inflammation. The alterative medicines and fomentations, &c., continued.

April 1st. Found patient more comfortable, and in this state he remained for several days.

10th. Pain more severe. Applied another epispastic, which relieved in a measure. Gums begin to be sore, and breath fetid.

12th. Had excessive pain in the right shoulder during the night previous. Family applied fomentations to the part, and gave opium pill to allay the pain. Up to this time there had been no tenderness or fulness of the bowels, but rather a retraction; no fulness over the region of the liver; the evacuations appeared natural; skin natural and moist; tongue little coated, with some appetite for food; digestion good. Symptoms continued nearly the same until the 26th, when I consulted with Dr. White, of Bolton. It was thought best to continue the mercurial impression moderately, still supposing there was a degree of peritoneal inflammation. Gave bal. copaiba, tinct. opii, ää e. p. Thirty drops every six hours.

May 7th. Pain so severe as to require large quantities of anodyne. Starch and laudanum injections were used frequently, together with opium in its various forms, by the stomach. Counter-irritation was constantly kept up over different parts of the abdomen by means of blisters, tart. emet., ungt., liniments, &c.; slight mercurial impression kept up by the following pill, taken as occasion seemed to require. Ext. conii, grs. iij.; blue mass, grs. ij. Flesh gradually wasting.

14th. Profuse sweating comes on; slight erythema discovered around the joints and chest; pain excessive; cannot bear for any length of time the recumbent posture; pulse 100 and feeble.

20th. Sweating continues; patient feels exhausted; has a disposition to hiccough; stools appear natural, although somewhat foamy. Gave elix. vitriol, 20 drops, three or four times daily.

24th. Tongue has the appearance of thrush. By advice of Dr. Osgood, of this town, who was called in to-day, gave nitrate of silver in solution (10 grs. to ʒ i. of distilled water); dose 15 drops three times daily—also Mosely's tonic solution, as the patient could bear.

25th. Hiccough almost constantly; erythema increases; sweating diminished; pain less; quite restless; appetite gone; stools, which before to-day have been decidedly bilious, appear clay-colored. A fulness or tumor is noticed at the bottom of the sternum, appears hard, but no tenderness or pain on pressure.

26th. Hiccough continues; tumor enlarges rapidly; pain in the umbilical region ceases, leaving a sensation of fulness.

June 7th. Since the last date the tumor has very much increased in size, and flesh wasted. Dr. Peabody, of Norwich, called in. Applied epispastic to the tumor. Gave hydriodate potassa in solution, as an alterative.

8th. Hiccough less; pulse 110, feeble; other symptoms about the same.

10th. Difficulty of swallowing comes on; patient requires stimulants.

17th. Patient can take but little nourishment; has been rapidly failing for some days past; palliative remedies alone administered.

18th. Called at six o'clock, A. M. Patient appeared as comfortable as the night before. Died in ten minutes.

Post-mortem Examination, 36 hours after Death.—The body presented no unnatural appearance externally, with the exception of the emaciation and tumor in the epigastric region; the lower part of the ster-

num and floating ribs were in consequence thrown forward.—An incision was made from the upper part of the sternum to the pubis. On passing over the tumor, the integuments suddenly gave way, and the tumor was in part brought to view. A cross incision was then made, and the tumor presented more fully. On opening into the chest, the lungs were found in a healthy state—no adhesions or tubercles were noticed. The heart natural, although rather smaller than common.—The lungs and heart, in consequence of the enlarged size of the liver, were pressed up, the heart lying with its apex thrown on one side. The liver occupied all the superior part of the abdomen, and was very firmly adhered to the diaphragm, extending downwards, and pressing the other viscera of this cavity, low down. The stomach was empty, and lay rather posterior to the liver. The spleen natural. The different lobes of the liver were all much enlarged, the left one more particularly so—from its firm adhesions and size it was with considerable difficulty removed from the cavity. The color of the organ dark purple, interspersed with white tumors rising above the general surface. On cutting into this organ, it was found thickly studded with tubercles, equally distributed through all its parts. These tumors were rounded, not enclosed in a cyst, from the size of a pea to that of a large orange, calcareous in appearance and texture. Weight of the organ, 13 lbs. The other organs of the abdomen appeared in a healthy state. There were some adhesions of the intestines, showing that peritoneal inflammation had to some extent previously existed.

Query.—By what symptoms present at any time in the course of the disease, could we infer a disease of the character designated by the post-mortem examination? DAVID HOLMES, M.D.

Lebanon, Ct., April 29, 1841.

OUTLINE OF REMARKS BY A. FLINT, M.D., OF BUFFALO, N. Y.

THE Numeric Method, originally proposed by others, and more fully developed by Dr. Louis, of Paris, seems entitled to a position in medicine similar to statistic records in politic economy, and to meteorologic registers. It consists in greater completeness and precision of a mode which has always influenced medical men, rendering results and data accessible, and circumstances which, in individual cases seem accidental, to contribute, in comparison of numerous cases, to considerable results. Important deductions from data seeming disconnectedly unimportant, constitute a prominent feature of the method. It gives interest in minute details.

Frequently, some medical men are much more accurate, sagacious in predicting the progress of disease, and judge better the value of remedial appliances, than those who show more "science" but limited observation. This results from numeric comparison, though not processes with figures. Some embrace systems, apparently because new. Some, having been instructed from Dr. Louis's lips, and witnessed his zeal, embrace the aim of producing by this "method" a revolution in medicine, of rendering it an exact science. Its results are small, compared with what they expect

when physicians of all countries shall co-operate to extend it. It seems too limited in character and scope to supersede other modes of research, to be more than a collateral mode of inquiry. Knowledge advances by all rational, philosophic methods collectively. Why reject old friends when we find a new one? To appreciate a novelty we must not put out of sight what is already familiar to us. Why lessen estimation or confidence in other means by which medicine is becoming a rational, though not a mathematical art? Medical men, in different periods, of different views, generally agree as to the important principles of treatment.

The numeric method has developed certain relations of disease with its symptoms, some additions to its history. It has not thrown light, it does not profess to, on the immediate effects of noxious agents, how disease occurs, or advances. The method presents difficulty in the number of individually important elements which must be disregarded in general calculations from numerous cases: for example, of pneumonia, the characters of which are strongly marked, collect those cases only in which the subjects seemed in health, when attacked; put them in similar circumstances, and same treatment. Many are the conditions peculiar to the cases and sufferers individually, influencing their progress and termination. Dr. Louis remarks, "the number and varying character of these conditions prevent their comprisal in the enumeration, yet do not affect the general results; for, numerous cases, brought together, compensate for, neutralize each other." Statistically, this may be right; but principles of disease and cure are valuable only as applicable to *individual* cases. We do not treat numerous sufferers in a mass, without separate, individual examination, but fully consider all the peculiar circumstances of each, which should modify treatment; we do not confine attention to those common to the disease in all cases. Had we ascertained a treatment most successful, other things being equal—guided by it alone, in an individual case, should we not be liable to err? In formation of rules of treatment, the numeric system disregards these peculiar circumstances. For illustration—mean duration of life is calculated from bills of mortality, exactly; thence what it is worth to risk money against death. Does the result, *individually* considered, diminish life's uncertainty? To judge the probability of an individual's death, should we chiefly calculate chances, or his susceptibilities, predispositions, exposures; be influenced more by *rational* or *numeric* facts?

Dr. Louis seems to have shown bloodletting is less efficacious in shortening pneumonia, in the aggregate of cases, than most physicians believed. This does not show that, in some instances, bloodletting does not much shorten it. Shall we not apply or refrain from bloodletting according to the indications presented, without reference to numeric results?

If this method were used to ascertain the general results of medical treatment, we would first collect a large number of cases *not* subjected to treatment, to determine the mean duration of sickness, number of recoveries and deaths; second, an equal number of cases under treatment, &c. This would in general show the value of remedial efforts—to be what? Would Dr. Louis's character, as a physician, be determined by the result?

The numeric method seems applicable to diseases only which a quali-

fied person may recognize, and which pursue a certain determinate course. It supposes commencement of disease and period of convalescence determinable. A large proportion of cases have not these qualifications. Some affections, besides the diversity from their seat, derive their entire character from many different circumstances. Some become imperceptibly established, and as gradually remedied. Of many it is the chief difficulty to ascertain the seat, character and tendencies. Unless they can be so distinguished as to be associated under a common name, they cannot be *numerically* compared.

In typhoid affections, Dr. Louis found but one constant lesion, or anatomical character, viz., ulceration or softening of the ileum, elliptical patches, sometimes slight, disproportioned to the symptoms.

In view of the history of medicine, its prospect, as clear, demonstrative, permanent, seems distant. Compared with the amount of laborious medical investigation, how few the known principles which seem to influence life, organization, disease and remedial agents! Compared with other sciences, medicine, as an inductive one, is as infancy compared with manhood. The varying character of vital actions; diversity of organized parts mostly concealed during life, their sympathies, mutual re-actions; numerous, various influences, obstacles to observation, render study of life peculiarly difficult. Yet, if Lord Bacon has not taught medical men the road to truth, he has taught them to avoid many paths of error.

The problem is to ascertain the character of deviations from the usual order of things, called ailment; to distinguish when to expect spontaneous relief, when and what measures are advisable.

The principal remedy employed in French hospitals is starvation. Not uncommonly, chronic or convalescent patients entreat the physician for another half portion or an additional loaf. They have severe abdominal pains from hunger. Prescription for the name of the disease rather than for the particular case, is common. An application which relief has followed is tried afterwards in the same disease without due regard or discrimination of modifying circumstances. The sufferer's constitution is lost sight of in eagerness to overcome the disease. Pale, emaciated, half-starved, he is further depleted, when plain common sense indicates that tonic, nutritive diet is demanded.—*Dr. A. Muekry, of Hanover.*

Under treatment of erysipelas, by M. Blandin, in Hotel Dieu, Paris, it sometimes seemed as if extensive sloughing, gangrene, death, resulted as much from continued application of leeches, loss of blood, and consequent enfeebling of the system, as from the disease. In erysipelas of the hand and wrist after extraction of a bone of the thumb, I saw violent, fatal inflammation follow application of leeches, in the arm and arm-pit and trunk, when erysipelas of the hand and wrist had disappeared!—*W. O. Markham, M.D., Edinburgh*, 1840.

This is what Lord Bacon calls practice "partly mischievous, partly remedial; good for present cure of the complaint, but overthrowing health; furthering the present business, but dashing upon other inconveniences."

MASSACHUSETTS GENERAL HOSPITAL.—SURGICAL CASES TREATED BY J. C. WARREN, M.D.

REPORTED FOR THE MEDICAL JOURNAL BY S. PARKMAN, M.D.

Distortions of the Pelvis from Injuries and Diseases in and about the Hip-joint.—In last week's report of the case of dislocation of the thigh, considerable importance was attributed to the distortion of the pelvis, and consequent deception in the immediate diagnosis of the injury. It is proposed at present to enter more particularly into the study of the different modes of distortion, with their mechanism, of this part of the skeleton, in the various affections to which the hip-joint is subject, considered more particularly in reference to, and illustrated by, several other cases now in the wards.

Our first case is that of the boy already mentioned, who after a fever was discovered to be lame of the right limb, which on examination proved to be from a dislocation of the thigh upwards. The limb presented, as we have said, all the marks of this dislocation, and the head of the bone could be distinctly felt on the dorsum ilii. There was no evidence of any injury received, neither had any symptoms of inflammation or disease been observed. The diagnosis lay, therefore, between a spontaneous dislocation from hip-disease, which had been perfectly latent, and a dislocation from some unobserved injury. The former supposition is indubitably the more probable. The pelvis in this case is drawn up on the affected side, the child when erect throws its whole weight upon the sound limb, draws up the diseased hip as if contact with the floor of that side were painful, the buttock of that side projects backward, and, to preserve the equilibrium, the upper part of the trunk is carried forward and laterally. This is the position of the parts in hip-disease; but that it is characteristic, we are not prepared to say. In this case there is no pain; the position is therefore the consequence of former disease. Great influence in the flexion of the body on the thigh is due to the contraction of the psoas and iliacus muscles, which are put upon the stretch by the ascent of the head of the bone drawing them around the ramus pubis. In the inflammatory stage of hip-disease, before ulceration has commenced, the action of these muscles undoubtedly contributes greatly to the projection of the buttock backward and the trunk forward. The tendons of these muscles pass directly over the capsular ligament and head of the bone; if, therefore, the limb be maintained in a straight line by a voluntary effort, or external agency, these tendons must press upon these diseased parts. The patient, therefore, naturally holds himself in the posture in which this pressure is not exerted—especially, if, as happens in the large proportion of cases, the commencing stage of the disease be overlooked, and the child allowed to continue the use of the limb. And this permanent flexion of the hip-joint is undoubtedly the chief cause of the apparent shortening of the limb in these cases: in fact, from this distortion, it is almost impossible to ascertain by measurement the actual comparative length of the limb. In this case, as we have said, the head of the bone is plainly felt upon the dorsum ilii. The limb must consequently be the shorter; and yet, from the distortion of the pelvis, the cause of the greater part

of the shortening, the real diminution of length, which must exist from the *ascent* of the head of the femur, cannot be made manifest by any measurement. If, therefore, it had so happened that the head of the bone could not have been felt in its abnormal position, the measurement from the ant. sup. spinous process, generally considered so decisive of any real difference in the limbs, might have caused the dislocation to have been overlooked, and the deformity to have been attributed solely to the pelvic variation from the horizontal line.

Our second case is a boy about six years of age, presenting an undoubted hip-disease. A very meagre account is furnished, and the disease is said to have existed only two months, though more probably it is of longer duration. The buttock of the affected side is flattened, there is tenderness over the head of the bone in the groin below Poupart's ligament, the tendons in this region are felt tense and rigid, the trochanter is in its normal position, but on the dorsum ilii above it there is felt a firm, dense mass, about the size of an egg, apparently an induration and inflammation of the sub-cutaneous and muscular tissues, as is often observed in the neighborhood of osseous disease. The limb is maintained about midway between a right angle and a straight line with the body, and very little if any motion is possible in the joint. Whether this depend upon a partial anchylosis or muscular rigidity, is somewhat difficult of immediate diagnosis. When erect, he rests with the toe merely of the affected side upon the ground, this buttock being projected forwards, and the limb bent at the knee from the flexion of the thigh on the pelvis. The limb has therefore a very decided appearance of shortening. But when lying on the back, and the limbs compared by placing the sound limb at the same angle with the other, the knee of the diseased projects an inch and a half beyond that of the other limb. Thus we have results at utter variance. This diversity is dependent upon the distortion of the pelvis, which is not only elevated, but twisted anteriorly upon the affected side; the ant. sup. spinous process being not only an inch and a half higher, but projecting more forward by the same quantity. A measurement from the fold of the groin shows the affected limb a half an inch the shorter. But so great is the pelvic distortion that we cannot consider this as conclusive, and we are forced to attribute the shortening entirely to the latter deformity. These appearances are confirmatory of the remarks upon this subject, in connection with the last case.

Our third case is that of a woman, who, fourteen weeks before her entrance, from a slight fall upon the trochanter, became lame. She remained in bed during this time, but was in the habit of rising daily to hobble a little about the room. When she entered the house, the injury appeared very clearly to have been a fracture of the cervix femoris, and the osseous formation was then and is now distinctly felt. In this case the pelvis of the affected side has *descended* about three quarters of an inch. This at first would appear an anomaly, as an accident in the joint ought naturally to exert the same influence in distorting the pelvis as hip-disease, and this side ought therefore to have *ascended*. But on further inquiry she appears to have been, several years since, the subject of an oblique fracture of both the bones of this leg, by which it was considerably shortened.

To remedy this defect, she was obliged, in walking, to depress this side of the pelvis, to supply the deficiency in length; which has been so completely done, that she was herself unconscious that one leg was shorter than the other.

Our next is a woman affected with a rheumatic inflammation of the hip-joint. She suffers intense pain on motion, and consequently an accurate examination is impossible; but there are some points worthy of note. The position she takes in the bed, lying on the sound side, with the thigh flexed, is illustrative of the remarks upon the influence of the inflamed joint of the psoas and iliacus muscles, and the relief obtained by the flexion of the thigh. The pelvis, as far as can be ascertained, from the impossibility of the supine position, appears drawn up on the affected side. As she has been confined either to a chair, or most commonly the bed, this cannot be attributed to *use* of the limb; it may be accounted for by the constant continuance of the posture on the sound side, by which the affected hip must be elevated—as may be shown by experiment.

The fifth and last case is that of a man who received a blow from a cart-wheel, striking him from behind upon the pelvis and hip of the left side. Immediately after the accident, there was no shortening or eversion of the limb; the trochanter appeared in the normal position, and no crepitus could be detected. The accident was considered as most probably a contusion. He continued in his bed till the expiration of ten days, when feeling his limb sufficiently strong, as he thought, he attempted to walk across the room; he was arrested, after a few steps, by a severe pain in the joint, and carried back to bed. The next day the limb was found by measurement to be half an inch the shorter. Considerable pain was experienced in the joint, increased very much by any motion in bed. There was a marked tenderness in the groin over the head of the bone—a point, it will be observed, remote from that of the receipt of the injury. No crepitus could be detected, but on raising the limb to an angle of 45 degrees with the body, a very sharp pain in the joint was constantly complained of. These symptoms, especially the latter, which is almost diagnostic, together with the fact, that in a limb continuing lame without sufficient injury to the soft parts to account for it, a fracture is always to be suspected, led to the diagnosis of a fracture of the neck of the thigh bone. The fragments were undoubtedly firmly interlocked—being driven into each other by the blow. There was, therefore, no displacement at the time of the accident, and it was not till after the patient's attempt at walking, and about the time of the commencement of the reparative inflammation, that the fracture was suspected. This case is important, as one of not uncommon occurrence, and should teach a guarded diagnosis in these accidents. The limb is, as we have said, half an inch the shorter, but there is also a depression of this side of the pelvis to the same amount. This is somewhat difficult of explanation, as the man has kept his bed since the accident; but it may depend upon the unconscious efforts of the patient to relax the muscles about the joint, by attempting to approximate the pelvis to the thigh.

These distortions of the pelvis would appear worthy of consideration, and always to be taken into account in our diagnosis of affections of this region.

1. From the deception, in supposing two limbs of equal length from a comparison of the patellæ, inner malleoli or soles of the feet, when in fact the natural distance from either of these points to the pelvis is on one of the sides actually diminished or increased.

2. From the liability to be deceived by these very measures, as we saw in the case of dislocation mentioned last week, as well as in the one of to-day.

PERFORATION OF THE DUODENUM.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—Lately your Journal has contained reports of two cases of perforation of the stomach, which has induced me, while writing to you on other business, to give you a brief account of a case of perforation of the duodenum that fell under my notice.

Levi Cross, the subject of this case, was a farmer, aged 36, of strong frame and robust health. He lived in the town of Rossie, six and a half miles south of this village. Perhaps it is proper to state that he was subject to occasional fits of intemperance, which many times lasted a number of days and nights, and during which little if any food would be taken. About 3 o'clock on Sunday morning, Aug. 23d, 1840, he returned home, after a fit of intemperance of three days and three nights, and abstinence from food during the same time. He spent the night, up to the time of his going home, at a shantee, about half a mile distant from his own house, in drinking, gambling, and quarrelling with some miners. Soon after he reached home, he requested his wife to get him some victuals, but she declined leaving her bed for the purpose at that unseasonable hour. He again asked her to get him some victuals, and begged of her to do so, giving, as a reason for his importunity, that he felt a gnawing within him, as if something was eating his insides up. She, however, obstinately refused to get up, and he went to bed. He drowsed a little. Between four and five he awoke, and complained of having a most intolerable pain in his stomach, or just between that and his right hip. Soon the pain spread, and sickness and vomiting succeeded. Both he and his wife became alarmed, and Dr. Benjamin, of Somerville, a neighboring town, was sent for. Dr. B. regarded the case as bilious colic, and treated it as such. In the afternoon and evening the pain gradually abated, till it entirely ceased, and the vomiting was discontinued, though nausea and attempts to throw up still remained. He was pronounced better, although no cathartic operation had been produced. In the morning of the 24th he was found to have had a bad night; cathartic had not operated; bowels continued to swell; sickness and straining to vomit continued, though nothing was thrown up. Made no water. In the afternoon, about 5 o'clock, my attendance was requested as counsel with Dr. B., and to use the catheter. I immediately set out to visit this case, but before I arrived it terminated in the death of the patient. The above

history I received of Dr. B. and the family of the deceased. The treatment bestowed upon the case met my cordial approbation.

No sooner was this man dead, than rumors obtained circulation that he had been hurt, and his death caused by the miners, one of whom had previously threatened him. As no coroner lived within thirty miles, it was proposed, and agreed upon, to have a post-mortem examination, and then, if necessary, send for a coroner.

Aug. 25th. *Post-mortem Examination, eighteen hours after Death.* —Features expressive of great suffering. No external marks of violence. Chest dilated to apparently its greatest capacity, and resonant on percussion. Abdomen excessively distended and tympanitic. Proceeding to examine the interior of the abdomen, as soon as the scalpel penetrated the cavity, air rushed forth with astonishing violence. On laying the abdomen freely open, it was found filled with a yellow, opaque, thin fluid, in which the inflated intestines appeared to float. As soon as the right side was uncovered, a bubbling of air or gas through the fluid presented to view. The bubbling was between the umbilical and right hypochondriac regions, and about half way between the lower ribs and anterior superior spine of the right ilium. The air and fluid in the abdominal cavity, and the bubbling, induced the belief of a perforation of the intestine. I now let the water out of the cavity as cautiously as I could, so as not to disturb the position of the intestines. As soon as the fluid was drawn off sufficiently to permit me to view the interstice from which the bubbling issued, between the convolutions of the intestines, a round worm, or lumbricus teres, came in sight. One end of the worm dipped down between the convolutions and was out of sight. I separated the convolutions, and reached the intestine below. It was the duodenum. The appearance of increasing inflammation from every direction towards one point, led to the location of the perforation and its discovery. It was about as large as a crow quill, with an irregular, uneven edge, larger within than without. The worm was nearly eight inches in length, and was alive. The perforation was about ten inches from the pylorus. The whole peritoneum gave evidence of having been slightly inflamed. The right portion of the omentum showed that it had been the seat of very high inflammation. Several portions of it presented a loose puruloid appearance. Towards the left this organ exhibited marks of decreasing inflammation. The mesentery was highly inflamed near the perforation, but less so at a distance from it. The mucous lining of the intestine was highly inflamed to the distance only of about three fourths of an inch around the perforation. The bladder contained only a gill of urine. The fluid contained in the cavity of the abdomen was five and half quarts in quantity. Kidneys, liver, spleen, &c., healthy. Stomach and duodenum contained no worms, but were filled with gas. Jejunum, ileum and colon contained several round worms, and all distended with gas. SAMUEL C. WAIT.

Gouverneur, N. Y., May 6th, 1841.

HOMŒOPATHY.

[We copy the following case, by particular request, from the New York Albion.]

It is pretty generally known that the Marquess of Anglesea was many years a great sufferer by the painful disorder of *tic douloureux*, arising from a wound he received on the field of Waterloo. The wound was caused by a musket ball which entered the spongy part of the tibia, or principal bone of the leg, and might not have been attended with very serious consequences had the noble Marquess been in his own house, reclining on his own couch, attended by skilful surgeons and good nurses. Skilful surgeons certainly were at hand, for the British army abounds in them, but the other advantages were not to be had at such a time and in such a place. The first inquiry made by the Marquess was, "Can the limb be saved?" The reply was, "Perhaps so." "But will the attempt endanger my life more than amputation?" "Yes." "Then," said he, after a few minutes' reflection, "as I have a large family who would feel my loss, adopt the course that promises the greatest security to myself." The leg was accordingly amputated, and in the hurry, excitement, and confusion of a field of battle, the nerve was not properly separated from the artery, but included in the ligature. From this cause the tic douloureux arose, at least such were the particulars, as we understood when the event was fresh in the minds of every one. At all events it is certain that in consequence of this wound, his lordship suffered excruciating torments for many years, particularly whilst Lord-lieutenant of Ireland. It has recently come to our knowledge that in despair, after trying all the most eminent practitioners in Europe, the Marquess applied to Hahnemann, the celebrated homœopathist, by whom he has been fully and permanently relieved. To ascertain the accuracy of this statement we applied to Dr. Hull, of this city, editor of the Homœopathic Examiner, who, while in England, acquired a personal knowledge of the facts, and he has obligingly favored us with the following memorandum:—

It cannot fail to give unfeigned pleasure to learn that the Marquess of Anglesea has fully recovered from the dreadful *tic douloureux*, with which he has for so many years been afflicted. The malady appeared soon after this gallant nobleman submitted to amputation of the leg, which was shattered in the battle of Waterloo, and assumed, after a few years, the most aggravated form of *peosopalgia Fothergilii*, affecting the right side of the face. The cure was effected by the celebrated author of homœopathia, Hahnemann. The Marquess applied to this venerable physician in 1835, at the instigation of his medical attendant, Dr. Dunsford, of London, after having tried the ordinary method under the ablest masters in Europe for sixteen years.

The paroxysms, for a long time previous to the application of the homœopathic method, had recurred at intervals of from six to ten minutes only, night and day, and had reduced the brave old nobleman to a mere wreck of his former self. The Marquess has had no relapse whatever since the cure, which occupied a few months, and he has enjoyed uninterrupted health for nearly five years, having wholly recovered his flesh, strength, and constitutional vigor.

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BOSTON, MAY 19, 1841.

THE DENTAL ART.

Having already adverted to the circumstance of receiving a well-constructed volume with the above title, written by C. A. Harris, M.D., of Baltimore, it is now proposed to refer simply to the leading topics which the author has discussed.

There are twenty-two chapters, so sub-divided that it would seem impossible that any subject of importance, either physiologically or mechanically, had escaped notice. The origin and history of the dental art is considered; then the effects of diseased teeth; dentition of the deciduous and adult organs; irregularities; peculiarities of formation; maladies of the teeth; treatment of caries; odontalgia; extraction; necroses; salivary calculus. The whole range of diseases of the gums, constitutes the thirteenth chapter, one of the most important in the series. Next, tumors, abscesses, exfoliations; effects of mercury, tobacco, &c.; surgical treatment; various methods of inserting artificial teeth, embracing all that seems to be known among the most distinguished operators in the world.

Though we have not ascertained the opinion of the dental profession of Boston, in reference to the merit of this treatise, we cannot believe that there is any doctrine inculcated by Dr. Harris that would not meet their cordial approval. There is neither a verbosity of language, nor a dictatorial exhibition of pseudo learning. In a word, so far as we are able to judge of the entire character of the book, it is a plain, simple, unpretending, yet thorough guide for the practising dentist. We now have in mind, more particularly, the junior members of the profession. How any one can muster assurance enough to offer his services to an enlightened public, without being armed with the information contained in this and other guides, is really unaccountable. Still it is so, and the United States are flooded with an army of peripatetic dentists, who should be proscribed by legislative action, on account of the immense injury they are doing. It is possible that all well-established dentists are well instructed, theoretically as well as practically; but it is hardly probable. From a long and pleasant acquaintance with the leading operators of New England, who have been thoroughly educated, we may perhaps be too intolerant towards those who fall below the standard which these gentlemen have created in our individual estimation.

With regard to the literary characteristics of this system of dental practice, it is certainly respectable. There is language enough, appropriately used, to express the author's ideas. With the science of Dr. Harris, we have an undoubted right to be critical. In comparing one thing with another—in other words, by placing the views and directions of Dr. Harris by the side of those of other authors of the best reputation, there is nothing lost by the process. Nothing is more ungenerous than to underrate the studies of those who do not happen to appear before the world with a striking effect. Quiet, unobtrusive observations, the result of

careful examinations into causes and effects, are quite as important to mankind as the discovery of a new principle. Dr. Harris prescribes for the diseases of the dental apparatus, as others, who are appreciated by intelligent persons in Europe, have done. We are unwilling to admit that there are any better writers on dentistry in England or France, than exist in the United States. And no one at all familiar with the perfection to which the art of manufacturing artificial teeth is carried in the principal Atlantic cities, can admit that it is carried to a greater degree of excellence on any part of the globe. If there has ever been any evidence of a want of scientific training as a preparation for practice, the defect can no longer be said to exist, since the dentists have themselves established a college for the special elevation of the brotherhood.

In conclusion, the sentiment must be expressed, that this book is creditable to the industry, perseverance, and thorough knowledge of the author, who is good authority in every essential branch of dental science; and if the publishers are enterprising, a large edition will not die on their hands for want of patronage. It has occurred to us that an abridgement, illustrated by a few neat engravings, would be sought with avidity, and therefore respectfully suggest the expediency of sending forth an edition in that form.

De Chemicis Calculorum Vesicariorum rationibus, scripsit Edwards Aug. Scharling, A.A. L.L.M. Chem. Lect. Hamiæ, 1839.—This work is a quarto in Latin, embracing about fifty pages text, and fifty colored engravings of the size and appearance of various calculi. The bibliographical research displayed in its preparation is very great, the expositions of most authors from the days of Scheele (1796), who taught that all calculi were of the same nature and principles, through the French, English and German chemical theses to those of Stromeyer and Langenbek, A. D. 1816, being thoroughly examined. Foucroy and Vauquelin examined upwards of 700 calculi, and found in them all one or more of these materials; 1, uric acid; 2, urate of ammonia; 3, phosphate of lime; 4, ammoniaco-magnesian phosphate; 5, oxalate of lime; 6, some animal matter; 7, flinty matter. It is not a little singular, that although Wollaston previously demonstrated the existence of the same ingredients in calculi, his dissertation was allowed to lie dormant, while all the honor was claimed by Foucroy for himself and Vauquelin; and not less remarkable certainly is it, that even in enumerating the names of the English chemists, not a word is said of Wollaston.

The treatise is divided into chapters, respectively treating of the form, magnitude, specific gravity, superficial appearance, color and odor of calculi. The writer then passes to a consideration of the planes of the fractured edges and the nuclei; he then gives plates, and points out the easiest methods of the examination of calculi. A translation, without the plates, would no doubt succeed, especially at the West.

Pharmacopea Danica, regia auctoritate a Collegio Sanitatis Regio Hafniensi edita.—It is a subject full of interest to take up and compare the various modes of preparation of the different articles of the materia medica, as pursued by other nations, with our own; for we indeed have a pharmacopœia inferior to none, emanating indeed from individuals, but received as standard authority from one end of the nation to the other. Messrs.

Wood and Bache assign the name of *liquidum* and *tinctura thebaica* to the same article, viz., tr. opii, prepared according to U. S. Pharmacop.; but the work before us gives the title of *landanum*, or *laudanum liquidum Sydenhami*, to the officinal *tinctura opii crocata;* and that of *tinctura thebaica* to the officinal *tr. opii simplex*, of which the note says: Dimidiam opii partem quod tinctura opii crocata continet! And of the former it is said: Quæque drachma hujus tincturæ tantum opii continet, quantum ex granis decem digestione menstruum extrahere potest, atque guttis decem inest circiter, quantum e grand solvi potest. Sit pond. spec. 1,045—1,055. To a philologist, too, the synonymes are pleasant, e. g. Mel rosatum, *rosen Honning;* tr. diuretica, *wimdrivende draaber*, &c., with many more which time will not permit us to notice. No doubt some good hints for a future national pharmacopœia of our own may be drawn from it.

Medical Convention at Saratoga.—Dr. North's proposition, in our last week's Journal, for a friendly convention of the multitude of medical strangers who might most conveniently meet at Saratoga the last Tuesday of June, is favorably received. In the first place, since physicians are quite in the habit of visiting that celebrated watering place, from all points of the compass in the Union, to say nothing of those form the West Indies, British provinces, Europe and South America, it strikes us that a general arrangement of the private business of each visitant so as to be together at nature's fountain of health on the day designated, would result in the establishment of a most delightful acquaintance, the influence of which would be conducive to those high and honorable feelings which should be cherished by the members of a liberal profession. The convention might in fact do something more; they could not be long together without proposing some scheme that would redound to the best good of the community, and give an impetus to those sciences to which they are devoted. Suggestions calculated to have an encouraging influence in bringing about a realization of Dr. North's proposal will receive attention, if seasonably forwarded.

Surgeon General of the State of New York.—Under the executive movements of May 7th, at Albany, is announced the appointment of James McNaughton, M.D., to be surgeon general of the military of the State, in place of Dr. Richard Pennell, resigned. This is probably a post of honor, and not of profit. Of the high professional qualifications of the new incumbent, no one at all acquainted with his public services in the Western Medical College, while occupying the chair of anatomy and physiology, will presume to question. Dr. McNaughton is a man who will always confer more on the community than he can receive from it.

Intraction of the Rectum Bougie.—There are by no means solitary cases of this kind. The other extremity of the alimentary tube presents us with a phenomenon of a similar character. The action of this part of the animal frame is highly peculiar; after the expulsion of its contents, the intestine has, through the medium of the internal sphincter and the levator ani, an inverted action, and an instrument, introduced for the purpose of relieving the intestine, has been suddenly grasped, snatched from the fingers of the operator, and drawn up into the rectum and colon!

Such a case has been described to me by Mr. Perry. The following has occurred to the celebrated Scarpa :—

Foreign Body introduced into the Rectum.—A villager, aged 28, of a constipated habit, experiencing a very acute pain after a longer constipation than usual, and finding all attempts at defecation fruitless, introduced by the anus a long piece of reed, hoping thus to induce mechanically the expulsion of the matter accumulated in the intestine. In this he succeeded, but in order to render the evacuation more complete, he again introduced the reed, and more deeply, so that it escaped from him and penetrated further. He then made violent efforts in the hope of inducing its return, but in vain; terrible pain soon ensued, and continued all night; the next day the patient was taken to the hospital. The surgeon in attendance tried in vain to reach the foreign body with the finger and with the bent forceps.—*Dr. Marshall Hall.*

Medical Miscellany.—Dr. Piussan, of New Orleans, lately informed the proper officer of the first municipality that he had been called to thirteen cases presenting symptoms of poisoning from fresh cheese, just brought to market.—A young man from Dundee, Scotland, on being informed that he was in a hopeless consumption, shot himself with three balls.—The successful candidate for public executioner at Bourges, was a doctor of medicine. He had a diploma as an *officier de Sante*, but refused to relinquish the practice of medicine when requested to do so by the public authorities, as he discovered nothing "*incompatible with that of executioner.*"—Dr. Rowan has gone in the Hudson Bay's Company boats to the Rocky Mountains, to make a tour of about two years. After arriving at the Red river with his party, they will proceed on horseback across the Rocky mountains to Columbia river, and descend in canoes to Fort Vancouver; thence to California, Sandwich Islands, and finally traverse Siberia and arrive at St. Petersburgh in Russia.—On the anniversary meeting of the Massachusetts Medical Society, which occurs on Wednesday, May 26th, the Fellows will dine together at Faneuil Hall.—Mr. Robert S. Davis, Boston, and Hogan & Thompson, Philadelphia, have just issued a *sixth improved* edition of the Class-book of Anatomy. No publication on anatomy in the United States, it is believed, has ever reached so many editions before.—Dr. Robert M. Bird, extensively known in the character of a successful novelist and miscellaneous writer, has received the appointment of Professor of Institutes of Medicine and Materia Medica in the Pennsylvania College at Philadelphia.

MARRIED,—In Keene, N. H., Dr. Charles Vose Bemis, of Medford, Ms., to Miss Elizabeth F. Henry.—At Valparaiso, Thomas S. Page, M.D., of Philadelphia, to Miss Anna M. Liljivalch, of Stockholm.

Number of deaths in Boston for the week ending May 15, 41.—Males, 23; Females, 18. Stillborn, 3.
Of consumption, 9—dropsy, 1—measles, 3—apoplexy, 1—lung fever, 1—fits, 1—brain fever, 1—scrofula, 1—old age, 2—smallpox, 4—palsy, 1—spasms, 1—hooping cough, 1—paralysis, 1—marasmus, 2—tumor, 1—disease of brain, 1—child-bed, 1—unknown, 1.

MASSACHUSETTS MEDICAL SOCIETY.

THE Annual Meeting of the Massachusetts Medical Society will be holden at the Temple, Tremont street, on Wednesday, 26th inst., at 10 o'clock, A. M. The annual discourse will be delivered at 1 o'clock, by Edward Reynolds, Jr., M.D., of Boston. Literary gentlemen, interested in medical science, and students of medicine, are respectfully invited to attend. Dinner at half past 2, at Faneuil Hall.

A stated meeting of the Counsellors will be held on the day following, at the Society's Room in the Temple, at 10 o'clock, A. M.

GEORGE W. OTIS, Jr.
Recording Secretary.

My 19—tm

MEDICAL TUITION FOR 1840—41.

THE subscribers will commence their course of instruction for the ensuing medical year, on November 1st, 1840 (the period at which the Lectures at the Medical College of Harvard University begin).

Minute examinations will be held on all the branches of medicine and surgery during the lectures, in order that students intending to offer themselves for examination at the College in the spring, may be prepared. Students may be assured that they will have constant and abundant opportunities for the cultivation of practical anatomy at all seasons of the year. After the lectures, the arrangements will be as follows until the ensuing November.

Free access at all hours to the United States Marine Hospital at Chelsea will be granted; a daily morning visit will be made by Dr. Stedman, and every week Drs. Perry, Bowditch and Wiley will visit in the afternoon, for the purpose, chiefly, of learning the physical signs of diseases of the chest. Dr. Bowditch will deliver a course of lectures on diseases of the chest and air passages. Admission to the medical and surgical practice at the Massachusetts General Hospital, the Infirmary for Diseases of the Lungs, and to the practice of one of the Dispensary Districts; occasional opportunities for operative surgery and midwifery.

Courses of instruction as follows:

Theory and Practice of Medicine and Chemistry, by	DR. PERRY.
Midwifery, Materia Medica and Demonstrations on Morbid Anatomy at the Hospitals, by	DR. BOWDITCH.
Anatomy, Surgery and Medical Jurisprudence, by	DR. WILEY.

Rooms for study either at Boston, at the Infirmary for Diseases of the Lungs, or at Chelsea, free of expense. For terms, apply to H. G. Wiley, M.D., or to either of the subscribers.

DR. PERRY, 413 Washington st., DR. STEDMAN, Chelsea Marine Hospital,
DR. BOWDITCH, 8 Otis Place, DR. WILEY, 467 Washington st.

S. 16—eoptf.

HOMŒOPATHIC BOOKS.

HAHNEMANN'S Organon. Jahr's Manual of Homœopathic Medicine. Jeanne's Homœopathic Practice of Medicine. Ruoff's Repertory of Homœopathic Medicine. Hering's Homœopathist or Domestic Physician. P. F. Curie's Domestic Homœopathy; by G. Humphrey, M.D. Everest's Popular View of Homœopathy.

☞ Medicine Chests for the above works, Sugar of Milk, Directions for Diet, etc. etc.

N. B.—All German Classics and other valuable German, Greek and Latin Books. For sale by

My 5—3t J. G. WESSELHŒFT,
No. 124 North 2d street, above Race, Philadelphia.

SITUATION FOR A PHYSICIAN.

A SITUATION for a physician in Canton Centre, Mass., which has been occupied by one for 30 years, has just been vacated, and is offered for sale cheap. Apply, if by letter, post paid, to E. Crane, Canton Centre, Mass., who will give the particulars. My 12—3t*

MASSACHUSETTS MEDICAL SOCIETY.

CENSORS' MEETING.—There will be a stated meeting of the Censors for the First District, at the house of the subscriber, No. 9 Franklin street, Boston, on Thursday, 21st of May, at 4 o'clock, P.M.

A 21—eptm JOHN JEFFRIES,
Secretary of Censors.

A TREATISE ON STRABISMUS, OR SQUINTING,

AND the New Mode of Treatment—Illustrated with Engravings and Cases. By John H. Dix, M.D. Just published, and for sale at the office of the Boston Medical and Surgical Journal, and at the store of William Crosby & Co., 118 Washington street. Price 50 cts. A few copies have been done up in paper covers, so as to be sent by mail. Ap. 14

ABDOMINAL SUPPORTERS.

DR. HAYNES'S instrument, which is recommended by the professiongenerally, may now be had at the Medical Journal office. Price, with perineal strap, only $4—without, $3.50. By addressing the publisher, No. 184 Washington street, poyaiuians mey be readily accommodated. A. 19

The Supporters may also be obtained of the following agents:—In New Hampshire, Drs. J. A. Dana, N. Hampton; A. Harris, Colebrook; M. Parker, Acworth; J. Crosby, Meredith; D. Crosby, Hanover; L. S. Bartlett, Kingston; L. Bartlett, Haverhill; F. P. Fitch, Amherst; Mr. J. H. Wheler, Dover; N. Kendall & Co., Nashua. In Vermont, Dr. L. Jewett, St. Johnsbury.

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THE subscribers having been long engaged in private medical instruction, propose to receive pupils, and to devote to them such time and opportunities for study and practice as are necessary for a medical education. Their pupils will be admitted without fee to the lectures on midwifery in the Massachusetts Medical College, to the practice of the Massachusetts Hospital, and have opportunities for the study of practical anatomy under the immediate superintendence of Dr. Otis. Terms may be learned by calling on Dr. Otis, No. 8 Chambers street. Fuel, lights and rooms without charge.

WALTER CHANNING,
Boston, August 19, 1840. GEORGE W. OTIS, JR.

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